ransmitted herewith the fee has been calc Ref Am Total Claims Independent Claims Multiple Dependent C Other fee (please spe	#7691 Appagallo TOF SPI TO is an ame culated and Claims emaining After nendment 10 1 Claims (che	July : NAL MECH THE COM Indment in tr d is transmit CLA Highest Number Previously Paid - 20 : - 3 :	MISSIONER I ne above-ident ted as shown IMS AS AMEI Number Extra Claims Present 0 0	FOR PATENTS ified application. below.	
plicant(s): Marco P rention: TREATMEN ransmitted herewith he fee has been calc left fee has	Pappagallo NT OF SPI TO is an americulated and Claims emaining After 10 1 Claims (che	D THE COM ndment in the distransmit CLA Highest Number Previously Paid - 20 : - 3 :	ANICAL PAIN MISSIONER I ne above-ident ted as shown IMS AS AMEI Number Extra Claims Present 0 0	FOR PATENTS iffed application. below. NDED Rate X 26.00	0.00
ransmitted herewith he fee has been calc Re Am Total Claims Independent Claims Multiple Dependent C Other fee (please spe TOTAL ADDITIONA Large Entity	NT OF SPI TO is an americulated and culated and cul	D THE COM ndment in tr d is transmit CLA Highest Number Previously Paid - 20	MISSIONER I ne above-ident ted as shown IMS AS AMEI Number Extra Claims Present 0 0	FOR PATENTS iffed application. below. NDED Rate x 26.00	
Total Claims Independent Claims Multiple Dependent C Other fee (please spe TOTAL ADDITIONA Large Entity	is an americulated and Claims emaining After reendment 1 Claims (cheecify):	O THE COM Indicate the control of th	MISSIONER I ne above-ident ted as shown IMS AS AMEI Number Extra Claims Present 0 0	FOR PATENTS iffed application. below. NDED Rate x 26.00	
Total Claims Independent Claims Welltiple Dependent Claims Other fee (please spectors) TOTAL ADDITIONAL Large Entity	is an americulated and culated	ndment in the distransmit CLA Highest Number Previously Paid - 20 : - 3 ::	ne above-ident tted as shown IMS AS AMEI Number Extra Claims Present 0 0	ified application. below. NDED Rate x 26.00	
Total Claims Independent Claims Welltiple Dependent Claims Other fee (please spectors) TOTAL ADDITIONAL Large Entity	Claims emaining After nendment 10 1 Claims (che	CLA Highest Number Previously Paid - 20 : 3 :-	Number Extra Claims Present 0	NDED Rate x 26.00	
Total Claims Independent Claims Multiple Dependent C Other fee (please spe TOTAL ADDITIONA Large Entity	Claims emaining After nendment 10 1 Claims (che	CLA Highest Number Previously Paid - 20 :	Number Extra Claims Present = 0	Rate x 26.00	
Total Claims Independent Claims Multiple Dependent C Other fee (please spe TOTAL ADDITIONA Large Entity	emaining After nendment 10 1 Claims (che	Highest Number Previously Paid - 20	Number Extra Claims Present = 0	Rate x 26.00	
Total Claims Independent Claims Multiple Dependent C Other fee (please spe TOTAL ADDITIONA Large Entity	emaining After nendment 10 1 Claims (che	Number Previously Paid - 20 :	Extra Claims Present = 0 = 0	x 26.00	
Total Claims Independent Claims Multiple Dependent C Other fee (please spe TOTAL ADDITIONA Large Entity	10 1 Claims (che	- 20 = - 3 =	= 0	x 26.00	
Claims Multiple Dependent C Other fee (please spe TOTAL ADDITIONA Large Entity	Claims (che			x 110.00	0.00
Multiple Dependent Cother fee (please specification) TOTAL ADDITIONAL Large Entity	ecify):	eck if applica	able)		
Other fee (please spe TOTAL ADDITIONA Large Entity	ecify):	еск и арриса	ible)		
	eposit Acc	ount No		x Small Entity	·
Payment by credi				r the filing fee is end	closed.
X The Director is he as described below	ereby auth ow. A dup	orized to ch	arge and cred of this sheet is	it Deposit Account N	lo. <u>04-0100</u>
x Credit any ov	erpaymen/	t.			
x Charge any ac	dditional fili	ng or applica	tion processing	fees required under	37 CFR 1.16 and 1.17.
Danna Soldenson	bldei	V	-	Dated:	March 22, 2010
Attorney/Agent Reg.	No.: 52,9	949			
DARBY & DARBY P P.O. Box 770 Church Street Statio New York, New York (212) 527-7700	n	770			